

## 4. SACWIS GLOSSARY

### **DEFINITION**

**ABANDONMENT:** Child left alone or with others; caretaker did not return or make whereabouts known.

**ACTIVITIES:** Actions defined in the case plan, to be taken by the client.

**ADDRESS (MAIL):** Current address where the individual receives mail.

**ADDRESS (RESIDENCE):** Current street address where the individual resides.

**ADJUDICATION:** A court hearing to determine what is in the best interests of the child (e.g., remaining in the home, placement in foster care).

**ADOPTION (GOAL):** To facilitate the child's adoption by relatives, foster parents, or other unrelated individuals.

**ADOPTION (OUTCOME):** The child was legally adopted.

**ADOPTION SERVICES:** Services or activities provided to assist in bringing about the adoption of a child. Examples may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post-placement training and/or counseling.

**ADOPTION SUBSIDY:** This shows whether the child is receiving an adoption subsidy. Also see "Monthly Subsidy".

**ADOPTIVE FATHER:** See Adoptive Parent.

**ADOPTIVE MOTHER:** See Adoptive Parent.

**ADOPTIVE PARENT:** A person with the legal relation of parent to a child not related by birth, with the same mutual rights and obligations that exist between children and their birth parents.

**ADOPTIVE PLACEMENT:** The child is placed with a family that plans to legally adopt him or her.

**AFDC:** Reference number for the assistance that the family is receiving through the program, Aid to Families With Dependent Children.

**ADOPTIVE PARENTS FAMILY STRUCTURE:** See Marital Status.

**AFDC CASE STATUS:** If client/family has received or receives AFDC, the status of the AFDC

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case.

**AFDC GRANT AMOUNT:** The amount of the AFDC grant that the client/family receives on a monthly basis.

**AGE:** An individual's age in years calculated from their date of birth. When reporting for NCANDS, age refers to the victim's age at the time of the report of abuse or neglect. Age can be the primary factor or condition for special needs as defined by the State.

**AGE (SPECIAL NEEDS STATUS):** Primary factor or condition for special needs is age of the child as defined by the state. It is based upon the state definition of special needs as it pertains to a child eligible for an adoption subsidy under title IV-E.

**AGE (WHEN PREVIOUS ADOPTION LEGALIZED):** For a child in foster care system who has previously been adopted, this is the child's age in years, actual or estimated, at the time of the legalized adoption.

**A.K.A. NAME:** The street name or nickname of the person.

**ALCOHOL ABUSE:** The individual's compulsive use of or need for alcohol. When used for a child, this includes infants addicted at birth or who are victims of Fetal Alcohol Syndrome, or who may suffer other disabilities due to the use of alcohol during pregnancy.

**ALLEGATION:** An assertion that a parent, caretaker, or other person, as defined under State law, caused or allowed the child to be subjected to physical abuse, neglect, medical neglect, sexual abuse, or emotional abuse, harm, or risk of harm.

**ALLEGED PERPETRATOR:** Person named as perpetrator in an allegation of child maltreatment prior to disposition.

**ALLEGED PERPETRATOR REPORT SOURCE:** An individual who reports an alleged incident of child abuse or neglect in which he/she caused or knowingly allowed the maltreatment of a child.

**ALLEGED VICTIM REPORT SOURCE:** A child who alleges to have been a victim of child maltreatment and who makes a report of the allegation.

**AMERICAN INDIAN/ALASKAN NATIVE:** A person whose ancestry is North American, and who maintains tribal affiliation or is so recognized in the community.

**AMOUNT OF MONTHLY FOSTER CARE PAYMENT:** The monthly payment paid on

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behalf of the child regardless of source (i.e., Federal, State, county, municipality, tribal, and private payments). If title IV-E is paid on behalf of the child, the amount should be the total computable amount. If the payment made on behalf of the child is not the same each month, this refers to the last full monthly payment made during the reporting period for AFCARS. If no monthly payment was made during the reporting period, all zeros should be entered.

**AMOUNT OF OVERPAYMENT:** The amount that the agency was overpaid for residential placement and/or other services.

**AMOUNT OF SUPPORT:** The amount of child support that the client/family receives on a monthly basis.

**ANONYMOUS REPORT SOURCE:** An individual who reports a suspected incident of child maltreatment without identifying himself/herself.

**ANOTHER COUNTRY:** Immediately prior to the adoptive placement, the child was residing in another country and was not a citizen of the United States.

**ANOTHER STATE:** Responsibility for the child resided with an individual or agency in another state or territory of the United States.

**ARRESTED LAST SIX MONTHS:** The individual has been arrested during the previous six months.

**ASIAN/PACIFIC ISLANDER:** A person whose origin is the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.

**ATTENDING PROGRAM (SUBSTANCE ABUSE):** The individual is currently attending a substance abuse treatment program.

**ATTORNEY NAME FOR SELECTED HEARING:** The legal name of the attorney representing the client in the selected hearing.

**AUSPICES OF ADOPTION:** See Placed From (Child).

**BEEPER NUMBER:** The beeper number for the caseworker on call.

**BIOLOGICAL FATHER:** See Biological Parent.

**BIOLOGICAL MOTHER:** See Biological Parent.

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**BIOLOGICAL PARENT:** The birth mother or father of the child rather than the adoptive or foster parent or the step-parent.

**BLACK/AFRICAN-AMERICAN:** A person whose ancestry is any of the black racial groups of Africa.

**BUSINESS:** Refers to the phone number of the individual's place of employment.

**CAPACITY:** The maximum number of children or youths who may be housed in a facility at any one time.

**CARE PROVIDER NAME(S):** The name(s) of the care provider(s) at the facility in which the child is placed.

**CARETAKER FAMILY STRUCTURE:** See Marital Status.

**CARETAKER'S INABILITY TO COPE DUE TO ILLNESS OR OTHER REASONS:** Physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.

**CARETAKER(S) RACE/HISPANIC ORIGIN:** See definitions for Race and Hispanic Origin.

**CASE CLOSE DATE:** The month, day, and year that the case was closed.

**CASE CLOSE REASON:** The primary reason for terminating services to the child/family.

**CASE MANAGEMENT SERVICES:** Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families. These may include, but are not limited to, individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

**CASE OPEN DATE:** The month, day, and year that the case was opened.

**CASE OPEN REASON:** The rationale for opening the case (e.g., allegation of abuse).

**CASE PLAN DATE:** The month, day, and year that the case plan was approved by the supervisor.

**CASE PLAN GOAL (MOST RECENT):** The most recent case plan goal for the child based on the latest review of the child's case plan--whether a court review or an administrative review.

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If the child has been in care less than six months, the goal in the case record is determined by the caseworker.

**CASE PLAN GOAL DATE:** The month, day and year that each goal was established for the case.

**CASE PLAN GOAL NOT YET ESTABLISHED:** No case plan goal has yet been established other than the care and protection of the child.

**CASE PLAN OBJECTIVE(S):** The objective(s) established to help the client/family achieve the current case plan goal.

**CASE PLAN OBJECTIVE DATE:** The month, day, and year that the objective was established for the case.

**CASE WORKER:** The name of the case worker assigned to the case.

**CASE WORKER ID:** See Staff ID.

**CASELOAD TYPE:** The primary program which is responsible for the caseload.

**CHILD (EVER ADOPTED?):** For child in foster care, indicate whether child has ever been legally adopted. In cases where child has been abandoned or the child's parent(s) are otherwise not available to provide a "yes/no" answer, the correct response is "Unable to Determine."

**CHILD AGE AT REPORT:** See Age.

**CHILD DAY CARE PROVIDER:** A person who works in a setting providing day care-child services and who has temporary caretaker responsibility for the child (e.g., a day care center staff member, family day care provider, or babysitter).

**CHILD FATALITY:** See Death of Child.

**CHILD HISPANIC:** See Hispanic Origin.

**CHILD ID:** A unique identification assigned to each child. This identification is not the state child identification but is an encrypted identification assigned by the state for the purposes of the NCANDS DCDC data collection.

**CHILD RACE:** See Race.

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**CHILD SEX:** See Sex.

**CHILD SUPPORT:** Reference number for the child support that the family is receiving under the Child Support Enforcement Program.

**CHILD VICTIM:** See alleged victim.

**CHILDREN ABUSED LAST SIX MONTHS:** The child has been subjected to previous episodes(s) of abuse during the previous six months.

**CHILDREN CURRENTLY IN PLACEMENT:** The child is currently placed out of his or her home.

**CHILD'S BEHAVIOR PROBLEM:** Behavior in the school and/or community that adversely affects socialization, learning, growth, and moral development. These may include adjudicated or nonadjudicated child behavior problems. This would include the child's running away from home or other placement.

**CHILD'S DATE OF BIRTH:** See Date of Birth.

**CHILD'S DISABILITY:** See Disability.

**CHRONIC/ACUTE CONDITION:** The individual has a health problem, which may be chronic or acute.

**CLIENT ID:** A unique identifier assigned to each client for tracking purposes in SACWIS.

**CLIENT NAME:** See Client Primary Name.

**CLIENT PROBLEMS:** Client problems and needs other than disabilities or those listed as part of the assessment (e.g., inadequate housing).

**CLIENT'S MARITAL STATUS:** See Caretaker Family Structure.

**CLOSED (CASE):** See Case Close Date.

**CLOSED (MEDICAID CASE STATUS):** The individual is no longer receiving Medicaid.

**CLOSED - NO FINDING:** A type of investigation disposition that does not conclude with a specific finding because the investigation could not be completed for such reasons as: the family moved out of the jurisdiction; the family could not be located; or necessary diagnostic or other

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reports were not received within required time limits.

**COLLATERAL PERSON CONTACT:** The month, day, and year that the worker last contacted the collateral person.

**COLLATERAL PERSON NAME:** The name of the collateral person who is a person who plays a significant role in the life of the client.

**COMPLETION DATE:** The month, day, and year that eligibility determination for the selected individual was made. While eligibility may be retroactive in some cases, this is the actual date that the determination was made.

**CONVICTED LAST SIX MONTHS:** The individual was convicted in a court of law during the previous six months.

**COST PER UNIT OF SERVICE:** The provider's charge per unit of service as defined by the provider (e.g., cost per hour of service, cost per counseling session).

**COUNSELING SERVICES:** Services or activities that apply the therapeutic processes to personal, family, situational or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

**COUNTY OF REPORT:** The geopolitical substate jurisdiction from which the report of child maltreatment originated. The unique identification number assigned to the county under the Federal Information Processing Standards (FIPS) guidelines is preferred.

**COUNTY OF RESIDENCE:** The geopolitical substate jurisdiction in which the child subject of a report was residing at the time of the report. The unique identification number assigned to the county under the Federal Information Processing Standards (FIPS) guidelines is preferred.

**COURT ACTION INITIATED:** Legal action was initiated in a judicial unit by a representative of the child protective service agency.

**COURT CASE NUMBER:** The number assigned to the case by the court that is conducting the hearing.

**COURT DIVISION:** The name of the division in which the court is placed.

**COURT NAME:** The name of the court as described in court documentation.

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**COURT ORDER FOR SUPPORT:** Court/Administrative Order for parental support either through Court/IV-D Agency or directly to the Foster Care Agency. The appropriate code shows how support must be provided according to the order.

**COURT ORDERED:** The court has issued an order which is the basis of the child's removal.

**COURT PETITION:** A legal document filed with the court of original jurisdiction overseeing matters affecting children, requesting that the court take action regarding the child's status as a result of the investigation; usually a petition requesting the child be declared a dependent or delinquent child, or that the child be placed in an out-of-home setting.

**COURT TYPE:** Usually defined by the type of cases heard by the court (e.g., family or domestic relations, criminal).

**CRIMINAL CHARGES FILED:** Type of criminal charges that have been filed against the individual/family member.

**CURRENT PLACEMENT SETTING:** See Facility Type.

**CURRENT PROBATION OR PAROLE:** The individual is currently on probation or parole.

**CURRENT UNTREATED HEALTH CONDITION:** The individual has a health condition that needs to be treated but currently is not receiving treatment.

**CURRENTLY INCARCERATED:** The individual is currently incarcerated.

**DATE ADOPTION LEGALIZED:** The date the court issued the final adoption decree.

**DATE ADOPTION SUBSIDY BEGAN:** See Date Subsidy Began.

**DATE ADOPTION SUBSIDY WILL CEASE:** See Date Subsidy Will End.

**DATE CHILD WAS DISCHARGED FROM LAST FOSTER CARE EPISODE (IF APPLICABLE):** For children with prior removals, the month, day and year they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, this is blank.

**DATE OF ADOPTIVE PLACEMENT:** The month, day, and year the child was first placed with the adoptive parents in the pre-adoptive home.

**DATE OF BIRTH:** The month, day, and year of birth for the individual selected (e.g., child,



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biological father, biological mother, adoptive father, adoptive mother).

**DATE OF CASE ASSIGNMENT:** The month, day, and year that the case was assigned to the worker.

**DATE OF DISCHARGE FROM FOSTER CARE:** The month, day, and year the child was discharged from foster care.

**DATE OF FIRST REMOVAL FROM HOME:** Month, day, and year the child was removed from home for the first time for purpose of placement in a foster care setting.

**DATE OF LATEST ASSESSMENT:** Month, day, and year that the last assessment was conducted for the child.

**DATE OF LATEST REMOVAL FROM HOME:** Month, day and year the child was last removed from his/her home for the purpose of being placed in foster care. This would be the date for the current episode or, if the child has exited foster care, the date of removal for the most recent removal.

**DATE OF MOST RECENT PERIODIC REVIEW:** For children who have been in care seven months or longer, the month, day, and year of the most recent administrative or court review, including dispositional hearing. For children who have been in care less than seven months, the field using this definition is blank.

**DATE OF PARENTAL RIGHTS TERMINATION:** See Parental Rights Termination (Father) and Parental Rights Termination (Mother).

**DATE OF PLACEMENT IN CURRENT FOSTER CARE SETTING:** Month, day, and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

**DATE SUBSIDY BEGAN:** The month, day, and year that the adoption subsidy began.

**DATE SUBSIDY WILL CEASE:** The month, day, and year that the adoption subsidy will cease.

**DATE OF TITLE IV-E FOSTER CARE STATUS:** The month, day, and year that the child was determined to be eligible for Title IV-E foster care.

**DATE/TIME OF REPORT:** The month, day, year, and time that the report was received.

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**DAY CARE SERVICES - CHILD:** Services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. The component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of child care homes and facilities.

**DEATH OF CHILD:** The child died while in foster care.

**DEATH OF PARENT(S):** Family stress or inability to care for child due to death of a parent or caretaker.

**DETENTION:** A court hearing to determine whether the child should be placed in a detention facility.

**DIAGNOSED CONDITION (MENTAL HEALTH):** The individual has a mental health condition that has been diagnosed by a professional.

**DISABILITY:** One or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap.

**DISPOSITION:** See Maltreatment Disposition Level.

**DISPOSITION DATE:** The month, day, and year that the determination was made of substantiated, indicated or reason to suspect, unsubstantiated, closed-no finding, other, or unknown.

**DISPOSITIONAL:** A court hearing to assess the progress of the child, to determine whether reasonable efforts were made to reunify the child with the family, and to determine whether the child should remain in care or return home.

**DOMESTIC VIOLENCE:** See Family Violence During the Last Six Months.

**DROP-IN CENTERS:** Centers to afford families opportunities for informal interaction with other families and with program staff.

**DRUG ABUSE:** The individual's compulsive use of or need for narcotics. When used for a child, this element should include infants addicted at birth.

**EARLY DEVELOPMENTAL SCREENING:** Screening of children to assess their needs and

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to assist families in securing specific services to meet those needs.

**EDUCATIONAL AND TRAINING SERVICES:** Services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

**EDUCATIONAL PERSONNEL:** An employee of a public or private educational institution or program including teachers, teacher assistants, administrators and others directly associated with the delivery of educational services.

**EFFECTIVE DATE:** The month, day, and year that the child/family began receiving benefits from the selected program for which the child/family was determined to be eligible.

**EFFECTIVE DATE CONTRACT ENDS** The month, day, and year that the contract with a specific provider of services is no longer effective.

**EFFECTIVE DATE OF CONTRACT MODIFICATION:** The month, day, and year that the contract modification regarding services is effective.

**EFFECTIVE DATE OF CONTRACT START:** The month, day, and year that the contract with a specific provider of services is effective.

**ELIGIBILITY EFFECTIVE DATE:** The month, day, and year that the client became eligible for the selected program.

**ELIGIBILITY - MEETS REQUIREMENTS:** The child/family meets certain criteria in order to receive benefits under a specified program. For example, eligibility for some programs may be based on: the age of the potential recipient; the family's income level, residency requirements, property, eligibility for other programs such as Social Security, etc.

**ELIGIBILITY (PROGRAM):** The child/family is eligible for a specified program.

**EMANCIPATION (GOAL):** Because of specific factors or conditions, it is not appropriate or possible to return the child home, have a child live permanently with a relative or have the child be adopted; therefore the goal is to maintain the child in a foster care setting until the child reaches the age of majority.

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**EMANCIPATION (REASON FOR DISCHARGE):** The child reached majority according to state law by virtue of age, marriage, etc.

**EMERGENCY ASSISTANCE:** Reference number for the assistance that the family is receiving through the Emergency Assistance program.

**EMOTIONALLY DISTURBED (DSM III):** A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed.

**EMPLOYMENT SERVICES:** Services or activities provided to assist individuals in securing employment or acquiring of learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

**ENROLLED IN PROGRAM (SUBSTANCE ABUSE):** The individual is currently enrolled in a substance abuse program.

**FACILITY LICENSE:** See License.

**FACILITY NAME:** The name of the facility in which the child is placed.

**FACILITY TYPE:** The type of setting in which the child currently lives. This may include pre-adoptive home, foster family home (relative), foster family home (non-relative), group home, institution, supervised independent living, runaway, and trial home visit.

**FACSIMILE (FAX) NUMBER:** The phone number that can be used to fax information or inquiries to a staff member or provider.

**FAMILY ID:** Unique identifier assigned to the family case for use in documenting and providing agency services.

**FAMILY MEMBER RELATIONSHIPS:** The relationship of the selected family member to the client.

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**FAMILY NAME (LAST):** The last name of the family.

**FAMILY PLANNING SERVICES:** Educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include preconceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

**FAMILY PRESERVATION SERVICES:** Family preservation services typically are services designed to help families alleviate crises that might lead to out of home placement of children; maintain the safety of children in their own homes; support families preparing to reunify or adopt; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. (If a child cannot be protected from harm without placement or the family does not have adequate strengths on which to build, family preservation services are not appropriate).

**FAMILY SUPPORT SERVICES:** Family support services are primarily community-based preventative activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.

**FAMILY VIOLENCE LAST SIX MONTHS:** There have been incidents of inter-spousal physical or emotional abuse perpetrated by one of the spouses or parent figures upon the other spouse or parent figure in the child victim's home environment and/or incidents of child abuse.

**FINANCIAL PROBLEM:** A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.

**FOSTER CARE PLACEMENT:** The child is placed with an individual who is licensed to provide a home for orphaned, abused, neglected, delinquent or disabled children, usually with the approval of the government or a social service agency.

**FOSTER CARE SERVICES:** Services or activities associated with 24 hour substitute care for all children placed away from their parents or guardians and for whom the state agency has

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placement and care responsibility.

**FOSTER FAMILY HOME (NON-RELATIVE):** A licensed foster family home regarded by the state as a foster care living arrangement.

**FOSTER FAMILY HOME (RELATIVE):** A licensed or unlicensed home of the child's relatives regarded by the state as a foster care living arrangement for the child.

**FOSTER FAMILY STRUCTURE:** See Marital Status.

**FOSTER PARENT:** An individual who is licensed to provide a home for orphaned, abused, neglected, delinquent or disabled children, usually with the approval of the government or a social service agency. This individual can be a relative or a non-relative.

**FOSTER PARENT (NONRELATIVE):** An individual who provides a home for an orphaned, abused, neglected, delinquent, or disabled child who is not a relative. The initial placement could have been for the purpose of adoption or for the purpose of foster care.

**FOSTER PARENT (RELATIVE):** An individual who provides a home for an orphaned, abused, neglected, delinquent, or disabled child who is a relative. The initial placement could have been for the purpose of adoption or for the purpose of foster care.

**FOSTER PARENT OF CHILD:** Child was placed in a non-relative foster family home with a family which later adopted him or her. The initial placement could have been for the purpose of adoption or for the purpose of foster care.

**FRIEND:** A non-relative acquainted with the child, the parent, or caretaker including: landlords, clergy, or youth group workers (e.g., Scouts, Little League Coaches), etc.

**GANG INVOLVEMENT:** The individual is involved with a gang.

**GENERAL ASSISTANCE:** Reference number for the assistance that the family is receiving through the State's General Assistance program.

**GRADE:** The numerical school grade in which the child/youth is placed at the school he or she is attending. If the child/youth is not attending school, the last grade that the child attended.

**GROUP HOME:** A licensed or approved home providing 24-hour care and/or treatment for children in a small group setting that generally has from seven to twelve children.

**GUARDIANSHIP (GOAL):** The goal is to facilitate the child's placement with an agency or

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unrelated caretaker with whom he or she was not living prior to entering foster care, and whom a court of competent jurisdiction has designated as legal guardian.

**GUARDIANSHIP (OUTCOME):** Permanent custody of the child was awarded to an individual.

**HEALTH-RELATED AND HOME HEALTH SERVICES:** Services to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

**HEARING OUTCOME:** Results of court hearing; court decision which is the basis for the case plan and case plan goal.

**HEARING TYPE:** The type of court hearing scheduled or held.

**HEARINGS FOR SELECTED COURT HELD:** The month, day, and year of each hearing held in the specified court for the specified case.

**HEARINGS FOR SELECTED COURT SCHEDULED:** The month, day, and year of each hearing that has been scheduled for the specified court for the specified case.

**HISPANIC ORIGIN:** A Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.

**HOME:** Refers to the phone number of the individual's place of residence.

**HOME-BASED SERVICES:** In-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. Includes homemaker services, chore services, home maintenance services and household management services. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child. Component services or activities may include protective supervision of children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance; teaching of homemaking skills, training in self-help and self-care skills, assistance

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with meal planning and preparation, sanitation, budgeting, and general household management.

**HOUSING SERVICES:** Services or activities designed to assist individuals or families in locating, obtaining or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

**IMMEDIATE:** The response to the report or allegation must be immediate.

**IMMUNIZATIONS CURRENT:** The child's/youth's immunizations are up to date.

**INADEQUATE HOUSING:** Housing facilities were/are substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness.

**INCARCERATION OF PARENT(S):** Temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child.

**INCOME LEVEL:** The category in which the family's income falls (e.g., public assistance, \$0-\$5,000, \$5,001-\$10,000, \$10,001-\$20,000, \$20,001-\$40,000, \$40,001-\$60,000, over \$60,000).

**INCOME/NEED:** The type of income assistance, if any, that a child/family receives, including for example, no cash assistance, AFDC, Medicaid, SSI, Child Support, other state/local assistance, etc.

**INDEPENDENT PERSON:** A doctor, a lawyer or some other individual.



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**INDEPENDENT AND TRANSITIONAL LIVING SERVICES:** Services and activities designed to help older youth in foster care or homeless youth make the transition to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. specific component services and activities may include supervised practice living and post-foster care services.

**INDICATED OR REASON TO SUSPECT:** A type of investigation disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was reason to suspect that the child may have been maltreated or was at-risk of maltreatment.

**INFORMATION AND REFERRAL SERVICES:** Services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not a diagnosis and evaluation) to facilitate appropriate referral to these community resources.

**IN SCHOOL:** The child/youth is attending school.

**INSTITUTION:** A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: child care institutions, residential treatment facilities; maternity homes; etc.

**JUDGE'S NAME:** The name of the judge presiding over the hearing.

**LANGUAGE (PRIMARY):** Language spoken most frequently by family members at home.

**LANGUAGE (SECONDARY):** Additional language spoken by family members.

**LAST CHECK UP:** The date of the individual's last medical check up.

**LAST HEARING:** The month, day, and year of the client's last court hearing.

**LEARNING DISABILITY:** A disorder in one or more of the individual's basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

**LEGAL, LAW ENFORCEMENT, OR CRIMINAL JUSTICE PERSONNEL:** A person

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employed by a local, state, tribal, or federal justice agency including law enforcement; courts; district attorney's office; probation or other community corrections agency, or correctional facilities, etc.; or attorneys or guardian ad-litem.

**LEGAL SERVICES:** Services or activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

**LEGAL STATUS:** The legal status of the child (e.g., parental custody, trial home visit under agency custody, foster care placement, adoptive placement) as determined by a court.

**LICENSE:** The license number assigned by the State licensing agency.

**LICENSE DATE:** The month, day, and year when the facility was licensed by the State licensing agency.

**LICENSING AGENCY:** The agency responsible for evaluating the adequacy of services available in a facility; for providing official approval of a service facility or provider which signifies meeting of state standards or standards set by other regulatory authorities, etc. State licensing agencies may also have the authority to conduct an investigation of those facilities under their auspices.

**LIKELY GRADUATION DATE:** The expected month and year when the youth will graduate from high school.

**LIVE WITH OTHER RELATIVES:** The goal is to have the child live permanently with a relative or relatives other than the ones from whom the child was removed. This could include guardianship by a relative(s).

**LIVING ARRANGEMENT:** See Marital Status.

**LIVING WITH OTHER RELATIVES:** The child went to live with a relative other than the one from whose home he or she was removed.

**LOCAL AGENCY (FIPS CODE):** Identity of the county or equivalent unit which has responsibility for the case. The 5 digit Federal Information Processing Standard (FIPS) must be used.

**LOCATION OF AGENCY:** See Placed From (Child).

## **DEFINITION**

**LONG TERM FOSTER CARE:** Because of specific factors or conditions, it is not appropriate or possible to return the child home or place her or him for adoption, and the goal is to maintain the child in a long term foster care placement.

**MALTREATMENT DATE:** The month, day, and year that the maltreatment allegedly occurred.

**MALTREATMENT DEATH:** The child died as a result of abuse or neglect, because either: a) an injury resulting from the abuse or neglect was the cause of death; or b) abuse and/or neglect were contributing factors to the cause of death.

**MALTREATMENT DISPOSITION LEVEL:** The disposition of each alleged maltreatment. The disposition level may be substantiated, indicated or reason to suspect, unsubstantiated, closed-no finding, other, or unknown.

**MALTREATMENT TYPE:** A particular form of child maltreatment that is determined by investigation to be substantiated or indicated under state law such as physical abuse, neglect or deprivation of necessities, sexual abuse, psychological or emotional maltreatment, and other forms included in state law.

**MANDATED REPORTER:** The reporter is required by State law to report incidents of suspected abuse and/or neglect.

**MARITAL STATUS:** One of these four alternatives--married couple, unmarried couple, single female, single male--is the category which best describes the nature of the adoptive parent(s), caretaker (from whom the child was removed for the current foster care episode), or foster family structure . If unknown, the value for "Marital Status" is "Unable to Determine". When reporting for

NCANDS, there is an additional value of "Other" living arrangement, which is used if the child is in substitute care homes/facilities.

**MARRIED COUPLE:** Married couple from whom child was removed (Caretaker Family Structure), with whom the child was placed (Foster Family Structure), or by whom the child has been adopted (Adoptive Parents Family Structure).

**MAXIMUM (MAX) AGE:** The greatest age at which a child can be placed in the facility.

**MEDICAID:** Reference number for the assistance that the child is receiving under the Medicaid program.

**MEDICAID CASE STATUS:** If client/family has received or receives Medicaid, the status of the Medicaid case.

## **DEFINITION**

**MEDICAL CONDITIONS OF MENTAL, PHYSICAL, OR EMOTIONAL DISABILITIES (SPECIAL NEEDS STATUS):** Primary factor or condition for special needs is the child's medical condition as defined by the state, but clinically diagnosed by a qualified professional.

**MEDICAL NEGLECT:** The harm by a caretaker to a child's health due to failure to provide for appropriate health care of the child, although financially able to do so, or offered financial or other means to do so.

**MEDICAL/OTHER:** See Medical Conditions of Mental, Physical, or Emotional Disabilities (Special Needs Status).

**MEDICAL PERSONNEL:** A person employed by a medical facility or practice, including physicians, physician assistants, nurses, emergency medical technicians, dentists, dental assistants and technicals, chiropractors and coroners.

**MEDICARE:** Reference number for the assistance that the child is receiving under the Medicare program.

**MEDICATION TYPE:** The type of medication prescribed for the individual.

**MEMBERSHIP IN A SIBLING GROUP TO BE PLACED FOR ADOPTION TOGETHER:** Primary factor or condition for special needs is membership in a sibling group as defined by the state.

**MENTAL HEALTH PERSONNEL:** A person employed by a mental health facility or practice, including psychologists, psychiatrists, therapists, etc.

**MENTAL HEALTH SERVICES:** Services to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. It is usually provided by public or private mental health agencies and includes residential services (inpatient hospitalization, residential treatment, and supported independent living) and non-residential services (partial day treatment, outpatient services, home-based services, emergency services, intensive case management and assessment).

**MENTAL RETARDATION:** Significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. In children/youth, this is manifested during the developmental period.

**MILITARY FAMILY MEMBER:** A person who is the legal dependent of an individual on active duty in the Armed Services of the United States. (See also Military Member).

## **DEFINITION**

**MILITARY MEMBER:** A person on active duty in the Armed Services of the United States. This term includes active duty in the Army, Navy, Air Force, or Marine Corps. Excluded are members of the Inactive Reserve or National Guard or retired military members.

**MINIMUM (MIN) AGE:** The lowest age at which a child may be placed in a facility.

**MONTHLY AMOUNT:** The monthly amount of the adoption subsidy rounded to the nearest dollar. If the subsidy includes only benefits under titles XIX or XX of the Social Security Act, "b" is used.

**MONTHLY SUBSIDY (IS CHILD RECEIVING A MONTHLY SUBSIDY?):** The response is "yes" if the child was adopted with an adoption assistance agreement under which: (1) regular subsidies (Federal or state) are paid; (2) the child is eligible for services under titles XIX or XX; or (3) Federal or state funds are made available for other types of assistance or services (including the non-recurring costs of adoption).

**MOTHER MARRIED (AT TIME OF CHILD'S BIRTH):** This indicates whether the birth mother was married at the time of the child's birth; including common law marriage if it is legal in the state.

**NAME (PRIMARY):** The legal first name, middle name, and last name of the client. If unknown, see A.K.A. Name.

**NEGLECT:** Alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care.

**NEIGHBOR:** A person living in close geographical proximity to the child or family.

**NEXT HEARING:** The month, day, and year of the client's next court hearing.

**NON-RELATIVE:** See Foster Parent (Nonrelative).

**NONE OF THE ABOVE (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** The child is receiving support only from the state or from some other source (Federal or non-Federal), and not from Title IV-E (Foster Care), Title IV-E (Adoption Subsidy), Title IV-A, Title IV-D, Title XIX, SSI or other Social Security Act Benefits.

## **DEFINITION**

**NOT YET DETERMINED (MANNER OF REMOVAL):** A voluntary placement agreement has not been signed or a court order has not been issued. This will mostly occur in very short-term cases. When either a voluntary placement agreement is signed or a court order issued, the record should be updated to reflect the manner of removal at that time.

**NOTIFICATIONS:** Mandated or courtesy contacting of other agencies with overlapping or potentially overlapping jurisdiction concerning a report of child maltreatment.

**NUMBER OF PREVIOUS PLACEMENT SETTINGS DURING THIS REMOVAL EPISODE:** The number of places the child has lived, including the current setting, during the current removal episode. Do not include trial home visits as a placement setting.

**ON MEDICATION:** The individual is currently taking prescribed medication.

**OPEN:** The individual is currently receiving Medicaid.

**OPENED (CASE):** The month, day, and year that the case was opened for the current episode.

**OTHER (PERPETRATOR RELATIONSHIP):** The perpetrator's relationship to the child is not covered by the other values for perpetrator relationship.

**OTHER MEDICAL CONDITION:** A medical condition other than mental retardation, visual or hearing impairment, physical disability, or being emotionally disturbed, that significantly affects the functioning or development of the individual and which may require special medical care such as chronic illnesses. When selected for the primary caretaker(s), it includes functioning that affects their ability to provide a suitable child care environment. When selected for a child, it includes children diagnosed as HIV positive or with AIDS.

**OTHER NON-RELATIVE:** See Non-Relative.

**OTHER RELATIVE:** A person who is related by marriage, blood, or adoption, but is not the parent.

**OTHER REFERRAL:** A report/referral that was not by phone, walk-in, or written.

**OTHER RELATIVE OF CHILD BY BIRTH OR MARRIAGE:** A relative through the birth parents by blood or marriage.

**OTHER RELATIVE PERPETRATOR:** A person who is related by marriage, blood or adoption, but is not the parent.

## **DEFINITION**

**OTHER RELATIVE REPORT SOURCE:** A person who is related by marriage, blood or adoption, but is not the parent, and who alleges that an incident of child maltreatment has occurred. Includes siblings, grandparents, aunts, uncles, and cousins, etc.

**OTHER REPORT DISPOSITION:** A report disposition that does not match those listed in the NCANDS DCDC report disposition code values.

**OTHER REPORT SOURCE:** A reporter of alleged child maltreatment whose role/relationship to the alleged victim does not match those listed in the NCANDS DCDC report source code values.

**OTHER SERVICES:** Services or activities that have been provided to the child victim or family of the child victim, but which are not included in the services listed in the NCANDS DCDC record layout.

**OVERPAYMENT RECEIVED:** The agency received an overpayment for residential placement and/or other services.

**OVERPAYMENT RECEIVED DATE:** The month, day, and year that the agency received the overpayment.

**PARENT:** The birth mother/father, adoptive mother/father, or step mother/father of the child.

**PARENT/GUARDIAN REVIEW OF THE CASE PLAN:** A notation that the parent/guardian has reviewed the case.

**PARENTAL CUSTODY:** The parent retains custody of the child.

**PARENTAL RIGHTS TERMINATION (FATHER):** The month, day, and year that the court terminated the father's parental rights. If the father is known to be deceased, this would be the date of death.

**PARENTAL RIGHTS TERMINATION (MOTHER):** The month, day, and year that the court terminated the mother's parental rights. If the mother is known to be deceased, this would be the date of death.

**PARENTING SKILLS:** The family needs assistance in learning parenting skills.

**PAYMENT:** The amount of payment made to a provider.

**PAYMENT AUTHORIZATION:** Authorization to pay a provider.

## **DEFINITION**

**PAYMENT RECEIVED:** The amount of payment received by the agency.

**PAYMENT RECEIVED DATE:** The month, day, and year that the agency received payment.

**PENDING:** A decision has not yet been made about whether the individual is eligible for Medicaid.

**PERCENT TRIBAL AFFILIATION:** The degree of tribal affiliation of the individual.

**PERPETRATOR AGE AT REPORT:** See Age.

**PERPETRATOR AS A CARETAKER:** The person who has been determined to have caused or knowingly allowed the maltreatment of the child while also being responsible for the care and supervision of the child at the time of the maltreatment.

**PERPETRATOR ID:** A unique identification assigned to each perpetrator. This identification is not the actual state perpetrator identification but is an encrypted identification assigned by the state for purposes of the NCANDS DCDC data collection.

**PERPETRATOR MALTREATMENT:** The perpetrator was involved in the corresponding maltreatment type on the record for a specific child, and this maltreatment was determined by investigation to be substantiated or indicated under state law. (See also Maltreatment Type).

**PERPETRATOR MILITARY MEMBER:** See Military Member.

**PERPETRATOR PRIOR ABUSER:** The recording in the state information system of previous substantiated or indicated incidents of child maltreatment by the perpetrator.

**PERPETRATOR RACE:** See Race.

**PERPETRATOR RELATIONSHIP:** Refers to the primary role of the perpetrator with the child victim of maltreatment.

**PERPETRATOR SEX:** See Sex.

**PETITION DATE:** The month, day, and year that the juvenile court petition was filed.

**PHONE(S):** See Phone Number(s).

**PHONE (REFERRAL):** A report/referral received by phone.



## **DEFINITION**

**PHONE NUMBER(S):** Telephone number(s) where a specified person can be reached and/or where a message can be left for the person.

**PHONE NUMBER TYPE:** Location at which the specified individual will be reached by the phone number.

**PHYSICAL ABUSE:** Alleged or substantiated physical abuse, injury, or maltreatment of the child by a person responsible for the child's welfare.

**PHYSICALLY DISABLED:** A physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.

**PLACED BY (CHILD):** The individual or agency which placed the child for adoption.

**PLACED FROM (CHILD):** The location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings, (placed from within state, another state, another country).

**PLACEMENT (OUT OF STATE):** The type of setting in which the child currently lives is located in another state.

**PLACEMENT REASON:** See Actions or Conditions Associated With the Child's Removal.

**PLACEMENT SETTING (CURRENT):** See Placement Type.

**PLACEMENT STATUS:** See Manner of Removal From Home for Current Placement Episode.

**POLICE/PROSECUTOR:** Police refers to the department of government charged with prevention, detection, and prosecution of public nuisances and crimes such as child maltreatment. Prosecutor refers to a legally trained person with responsibility to represent the state in court proceedings.

**POST INVESTIGATION SERVICES:** The child protective services agency, social services agency, and/or the child welfare agency provides or arranges post investigation services for the child/family as a result of needs discovered during the course of the investigation. If services were being provided at the time of the report of alleged child maltreatment, the continuation of, or addition to, the service provisions constitute post investigation services. Services include: family preservation, family support, foster care and other services listed in the NCANDS DCDC record layout.

## **DEFINITION**

**PRE-ADOPTIVE HOME:** A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.

**PREGNANCY AND PARENTING SERVICES FOR YOUNG PARENTS:** Services or activities for married or unmarried adolescent parents and their families to assist them in coping with social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

**PREVENTION AND INTERVENTION SERVICES:** Those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of abuse, neglect, or family violence, or to assist in making arrangements for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.

**PREVIOUS ADOPTIVE PLACEMENT:** The child was previously placed in a pre-adoptive home.

**PRIMARY ALLEGATION:** The primary type of abuse that a parent, caretaker, or other person, as defined under State law was asserted to have caused or allowed the child to be subjected to (i.e., physical abuse, neglect, medical neglect, sexual abuse, or emotional abuse, harm, or risk of harm).

**PRIMARY BASIS:** The primary factor or condition for categorization as special needs and only as it is defined by the state.

**PRIMARY FACTOR OR CONDITION FOR SPECIAL NEEDS:** See Primary Basis.

**PRIMARY PHONE:** The primary phone number at which the specified individual can be reached most frequently.

**PRIMARY STAFF ASSIGNED:** The name of the primary staff person assigned to the case.

**PRINCIPAL CARETAKER:** See Caretaker.

**PRIOR VICTIM:** The existence of previous substantiated or indicated incidents of maltreatment

## **DEFINITION**

of the child victim.

**PRIORITY APPROVED BY:** The code for the supervisor approving the priority assigned to a report/referral.

**PRIORITY DATE/TIME:** The month, day, year, and time that the supervisor approved the level of priority assigned to a report/referral.

**PRIORITY RESPONSE TYPE:** The relative priority assigned to responding to the report or allegation (e.g., immediate, 3 day, 10 day).

**PRIVATE AGENCY:** A for-profit or non-profit agency or institution.

**PROVIDER NAME:** Name of the provider with whom the child is placed.

**PROVIDER PAYMENT DATE:** The month, day, and year that payment was issued to the provider.

**PROVIDER PER DIEM:** The provider's charge per day for providing residential placement and/or other services.

**PROVIDER SERVICE:** The service(s) offered by a specific provider.

**PROVIDER TYPE (MENTAL HEALTH):** The type of mental health provider who is providing services to the individual.

**PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT:** A type of maltreatment that refers to acts or omissions, other than physical abuse or sexual abuse, that caused, or could have caused, conduct, cognitive, affective, or other mental disorders; such as emotional neglect, psychological abuse, mental injury, etc.

**PUBLIC AGENCY:** A unit of state or local government.

**PUBLIC ASSISTANCE:** The family's only income is public assistance.

**RACE:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.

**RACIAL ORIGIN/BACKGROUND:** Primary condition or factor for special needs is racial/origin background as defined by the State.

## **DEFINITION**

**REASON FOR CHANGES IN CASE PLAN GOAL:** The reason that the last case plan goal was changed.

**REASON FOR DISCHARGE:** For child(ren) no longer in foster care, indicate outcome or reason for discharge. Such reasons may include: Reunification with parents or primary caretaker(s), living with other relatives, adoption, emancipation, guardianship, transfer to another agency, runaway, death of child.

**REASON FOR OPENING (CASE):** The primary reason for opening the case.

**REASON FOR PLACEMENT CHANGES:** The primary reason for the last placement change.

**REASON FOR REMOVAL:** The reasons for a child's removal from home, which may include: physical abuse, sexual abuse, neglect, alcohol abuse (parent), drug abuse (parent), alcohol abuse (child), drug abuse (child), child's disability, child's behavior problem, death of parent(s), incarceration of parent(s), caretaker's inability to cope due to illness or other reasons, abandonment, relinquishment, or inadequate housing.

**REASON TO SUSPECT:** A type of investigation disposition that concludes that maltreatment could not be substantiated by state law or policy, but there was reason to suspect maltreatment. See also Indicated or Reason to Suspect.

**RECEIVING MEDICATION (FOR MENTAL HEALTH):** The type of medication that the individual is receiving for mental health problems.

**RECEIVING SERVICES (FOR MENTAL HEALTH):** The type of services that the individual is receiving for mental health problems.

**RECORD NUMBER:** The sequential number which the state uses to transmit data to the Department of Health and Human Services (DHHS). The record number cannot be linked to the child's case I.D. number except at the state or local level.

**RECREATIONAL SERVICES:** Those services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.

**REFERENCE NUMBERS:** Reference numbers used by other programs (e.g., Medicaid number, AFDC number).

## **DEFINITION**

**REFERRAL DATE/TIME (OF REFERRAL):** The month, day, and year that the allegation of abuse or neglect or a referral from another agency or individual was received by the agency. When it is an allegation of abuse or neglect, it also includes the time.

**REFERRAL NAME:** Title for the type of report.

**REFERRAL TAKEN BY:** The name of the staff person receiving the referral or allegation.

**REGULAR SOURCE OF DENTAL CARE:** The name of the dentist or organization that provides regular dental care for the individual.

**REGULAR SOURCE OF HEALTH SERVICES:** The name of the doctor or organization that provides regular medical care for the individual.

**RELATIONSHIP TO ADOPTIVE PARENT(S):** The prior relationship(s) the child had with the adoptive parent(s). Types of relationships may include: Stepparent, other relative of child by birth or marriage, foster parent of child, non-relative.

**RELINQUISHMENT:** Parent(s), in writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted.

**REMOVAL DATE:** The month, day, and year that the child was removed from the care and supervision of his or her parents or parental substitutes, during or as a result of the investigation, by the child protective services or social services agency. If a child has been removed more than once, the removal date is the first removal in concert with the current investigation.

**REMOVAL FROM HOME (MANNER OF):** For the current placement episode for children in foster care, this indicates whether the current placement agreement was voluntary, court ordered, or not yet determined.

**REMOVED FROM HOME:** The child has been removed from the care and supervision of his or her parents or parental substitutes by the child protective service or social service agency.

**REPORT CONFIDENTIAL:** See Reporter Status.

**REPORT DATE:** The month, day, and year that the responsible agency was notified of the suspected child maltreatment.

**REPORT DISPOSITION:** The conclusion reached by the responsible agency regarding the report of maltreatment pertaining to the child in the DCDC record.

## **DEFINITION**

**REPORT DISPOSITION DATE:** The month, day, and year that a decision was made by the child protective services agency or court regarding the disposition of a report or investigation of alleged child maltreatment.

**REPORT ID:** A unique identification assigned to each report of child maltreatment. This identification is not the actual state report identification but is an encrypted identification assigned by the state for the purposes of the NCANDS DCDC data collection.

**REPORT PERIOD ENDING DATE:** The last month and the year for the reporting period.

**REPORT SOURCE:** See Reporter Type.

**REPORT TAKEN BY:** The name of the person taking the report of alleged maltreatment.

**REPORT TYPE:** The way in which the report was received (e.g., phone, walk-in, written, other).

**REPORTER TYPE:** The category or role of the person who makes a report of alleged maltreatment.

**REPORTER FEEDBACK DATE:** The month, day, and year that the agency provided feedback to the reporter.

**REPORTER FEEDBACK REQUIRED:** The agency is legally required to provide feedback to the reporter.

**REPORTER STATUS:** Circumstances (with regard to confidentiality) under which the reporter filed a report.

**RESIDENCE AT TIME OF CHILD'S BIRTH:** Country, State, and county of residence for the person selected in the screen (i.e., biological father, biological mother, adoptive father, adoptive mother) at the time of the child's birth.

**RESIDENTIAL FACILITY STAFF:** An employee of a public or private group residential facility, including emergency shelters, group homes, and institutions.

## **DEFINITION**

**RESIDENTIAL TREATMENT SERVICES:** Those services that provide short-term residential care and comprehensive treatment and services for children whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or prevocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.

**RESPITE CARE SERVICES:** Services involving temporary care of the child(ren) to provide relief to the caretaker. May involve care of the children outside of their own home for a brief period of time, such as overnight or for a weekend. Not considered by the state to be foster care or other placement.

**REUNIFICATION WITH PARENTS OR PRIMARY CARETAKERS (REASON FOR DISCHARGE):** The child was returned to his or her principal caretaker(s)' home.

**REUNIFY WITH PARENTS OR PRINCIPAL CARETAKER(S) (MOST RECENT CASE PLAN GOAL):** The goal is to keep the child in foster care for a limited time to enable the agency to work with the family with whom the child had been living prior to entering foster care in order to reestablish a stable family environment.

**RUNAWAY:** The child has run away from the foster care setting.

**SCHOOL NAME:** The name of the school that the child/youth currently attends. If the child/youth is not currently attending school, the name of the school that the child/youth last attended.

**SERVICE:** A descriptive name for the service provided by or under contract to the agency as part of the case plan.

**SERVICE DATE:** The service date for post investigation services provided as a result of needs discovered during the course of the investigation should be the date of the report disposition or a date decided by the state to be more appropriate than the report disposition date. The service date for cases for which services were continued (or changed) as a result of the investigation disposition should be the date of the most recent case opening prior to the receipt of the report of alleged child maltreatment.

**SERVICE DURATION:** The time period between the month, day, and year that the service began and the current date; or if service provision has been completed, the time period between the month, day, and year that the service began and the month, day, and year that the service

## **DEFINITION**

ended.

**SERVICE PROVIDER ELIGIBILITY REQUIREMENTS:** Eligibility requirements for a specific service provider.

**SERVICE PROVIDER NAME:** The legal name of the service provider from whom the child/family is receiving services.

**SERVICE PROVIDER SERVICES AND ASSISTANCE:** Services and assistance offered by a specific service provider.

**SERVICE REASON:** The reason that services are being provided.

**SERVICE TYPE:** See Service.

**SERVICES PLANNED::** Services arranged for the client/family as part of the case plan.

**SERVICES TO IMPROVE PARENTING SKILLS:** Services, including in-home visits, parent support groups, and other programs designed to reinforce parents' confidence in their strengths, help them identify where improvement is needed, and obtain assistance in improving those skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.

**SERVICES TO STRENGTHEN THE PARENT-CHILD RELATIONSHIP:** Structured activities involving parents and children designed to strengthen the parent-child relationship.

**SEX:** The gender of a person.

**SEXUAL ABUSE:** Alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare. Sexual abuse is a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, prostitution, pornography, exposure, or other sexually exploitative activities.

**SIBLING GROUP ADOPTED TOGETHER:** The sibling group has been adopted together and should have received or be receiving a subsidy.

**SIBLINGS IN SUBSTITUTE CARE:** Siblings of the adoptive child are still in substitute care.

**SINGLE FEMALE:** Single female from whom child was removed (Caretaker Family Structure), with whom the child was placed (Foster Family Structure), or by whom the child has been



## **DEFINITION**

adopted (Adoptive Parents Family Structure).

**SINGLE MALE:** Single male from whom child was removed (Caretaker Family Structure), with whom the child was placed (Foster Family Structure), or by whom the child has been adopted (Adoptive Parents Family Structure).

**SOCIAL SECURITY NUMBER:** Number assigned by the Social Security Administration for the selected individual.

**SOCIAL SERVICES PERSONNEL:** An employee of a public or private social services or social welfare agency, or other persons such as social workers, counselors, etc., who provide similar services.

**SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE FOR CHILD:** All Federal sources of support that a child/family receives. See separate definitions for: Title IV-A, Title IV-D, Title IV-E (Adoption Subsidy), Title IV-E (Foster Care), Title XIX, SSI or Other Social Security Act Benefits.

**SOURCE(S) OF FINANCIAL SUPPORT (OTHER):** All other (including state) sources of support that a child/family receives.

**SPECIAL NEEDS:** The state definition of special needs as it pertains to a child eligible for an adoption subsidy under Title IV-E.

**SPECIAL NEEDS CHILD:** See Special Needs.

**SPECIAL SERVICES - DISABLED:** Services for persons with developmental or physical disabilities, or persons with visual or auditory impairments, or services or activities to maximize the potential of persons with disabilities, to help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.

**SPECIAL SERVICES - JUVENILE DELINQUENT:** Services or activities for youth (and their families) who are, or who may become, involved with the juvenile justice system. Component services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but

## **DEFINITION**

subordinate part of the service.

**SSI ELIGIBILITY:** Client/family is eligible for SSI, but is not yet receiving it.

**SSI OR OTHER SOCIAL SECURITY ACT BENEFITS (CHILD) (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** Child is receiving support under title XVI or other Social Security Act titles not included in the section on sources of Federal Support/Assistance.

**SSI (REFERENCE NUMBERS):** Reference number for the assistance that the child is receiving under the Supplemental Security Income program.

**STAFF ID:** Unique identifier assigned to each staff person. This is an identification number assigned by the State for the purpose of overseeing staff assignments.

**STAFF SPECIALITY:** The languages that the staff member speaks, and/or any other special skills.

**STATE:** U.S. Postal Service two letter abbreviation for the state/territory submitting the report.

**STATE AGENCY INVOLVEMENT (IN ADOPTION):** This indicates whether the state Title IV-B/IV-E agency had any involvement in the adoption, that is, whether the adopted child belongs to one of the following categories: (1) a child who had been in foster care under the responsibility and care of the state child welfare agency and who was subsequently adopted whether special needs or not and whether a subsidy was provided or not; (2) a special needs child who was adopted in the state, whether or not he/she was in the public foster care system prior to his/her adoption and for whom non-recurring expenses were reimbursed; or (3) a child for whom an adoption assistance payment or service is being provided based on arrangements made by or through the state agency.

**STATE OF BIRTH:** State in which the individual selected (i.e., biological father, biological mother, adoptive father, adoptive mother) was born.

**STATUS:** Status of the client case (i.e., open or closed).

**STEPPARENT:** Spouse of the child's birth mother or birth father.

**SUBMISSION YEAR:** The submission year is defined as including all reports whose dispositions occurred within the specified year. Reports received, but whose dispositions did not occur during the specified year, are not included. Reports received in a prior year, but whose disposition was made within the reporting year, are included.

## **DEFINITION**

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**SUBSTANCE ABUSE SERVICES:** Services or activities designed to deter, reduce, or eliminate substance abuse or chemical dependency. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.

**SUBSTANTIATED:** A type of investigation disposition that is used when the allegation of maltreatment or risk of maltreatment was supported or founded by state law or state policy.

**SUPERVISED INDEPENDENT LIVING:** An alternative transitional living arrangement where the child is under the supervision of the agency but without 24 hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self-care.

**SUSPENDED:** Medicaid benefits have been interrupted for the individual.

**TELEPHONE NUMBER:** See Phone Number.

**TEN DAY:** The response to the report or allegation must be within ten days.

**TERMINATION DATE:** The month, day, and year that services to the client/family were terminated.

**TERMINATION OF PARENTAL RIGHTS:** See Parental Rights Termination (Father) and Parental Rights Termination (Mother).

**THREE DAY:** The response to the report or allegation must be within three days.

**TITLE IV-A (AID TO FAMILIES WITH DEPENDENT CHILDREN) (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** Child is living with relative(s) whose source of support is an AFDC payment for the child.

**TITLE IV-D (CHILD SUPPORT) (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** Child support funds are being paid to the state agency on behalf of the child by assignment from the receiving parent.

## **DEFINITION**

**TITLE IV-E (ADOPTION ASSISTANCE):** Title IV-E adoption subsidy is being paid on behalf of the child who is in an adoptive home, but the adoption has not been legalized. Indicate whether subsidy is claimed by the state for reimbursement under Title IV-E. This does not include Title IV-E non-recurring costs.

**TITLE IV-E (FOSTER CARE) (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** Title IV-E foster care maintenance payments are being paid on behalf of the child.

**TITLE IV-E AGREEMENT WITH TRIBE:** The State has an agreement with the Tribe governing custody and placement of Title IV-E children.

**TITLE IV-E STATUS:** Whether the child has been determined to be eligible for IV-E foster care or adoption assistance.

**TITLE XIX (MEDICAID) (SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE):** Child is eligible for and may be receiving assistance under title XIX.

**TOTAL NUMBER OF REMOVALS FROM HOME TO DATE:** The number of times the child was removed from home, including the current removal.

**TRAINING (DATE OF):** The month, day, and year that training was received.

**TRAINING (TYPE OF):** The type of training provided to provider staff or agency staff.

**TRANSACTION DATE (DATE OF DISCHARGE FROM FOSTER CARE):** A computer generated date which accurately indicates the month, day, and year the response to "Date of Discharge From Foster Care" was entered into the information system.

**TRANSACTION DATE (DATE OF LATEST REMOVAL FROM HOME):** A computer generated date which accurately indicates the month, day, and year the response to "Date of Latest Removal From Home" was entered into the information system.

**TRANSFER TO ANOTHER AGENCY:** Responsibility for the care of the child was awarded to another agency--either in or outside of the state.

**TRANSPORTATION SERVICES:** Services or activities that provide or arrange for travel, including travel costs of individuals, in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

**TRIAL HOME VISIT:** The child has been in a foster care placement, but, under state agency

## **DEFINITION**

supervision, has been returned to the principal caretaker for a limited and specified period of time.

**TRIBAL AFFILIATION:** The name of the Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for services.

**TRIBAL AGENCY:** A unit within one of the Federally recognized Indian Tribes or Indian Tribal Organizations.

**TYPE OF PAYMENT RECEIVED:** The category/source of payment received by the agency (e.g., SSI, trust fund).

**UNABLE TO DETERMINE (RACE):** The specific race category is "Unable to Determine" because the child is very young or is severely disabled and no other person is available to identify the child's race.

**UNIT OF PURCHASED SERVICE:** The unit of service used by the provider (e.g., one hour of service, one counseling session).

**UNKNOWN (PERPETRATOR RELATIONSHIP):** The relationship of the perpetrator to the child is not known.

**UNKNOWN/UNABLE TO DETERMINE (HISPANIC ETHNICITY):** The state collects data for this field, but the Hispanic Ethnicity for this child is not captured or is missing. "Unable to be determined" for a child means the specific Hispanic Ethnicity is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's Hispanic Ethnicity.

**UNKNOWN/UNABLE TO DETERMINE (LIVING ARRANGEMENT):** The child has been abandoned or the child's caretaker(s) is/are otherwise unknown.

**UNMARRIED COUPLE:** Unmarried couple from whom child was removed (Caretaker Family Structure), with whom the child was placed (Foster Family Structure), or by whom the child has been adopted (Adoptive Parents Family Structure).

**UNSUBSTANTIATED:** A type of investigation disposition that determines that there is not sufficient evidence under state law to conclude or suspect that the child has been maltreated or is at-risk of being maltreated.

**UNTREATED DENTAL CONDITION:** The type of dental condition affecting the individual

## **DEFINITION**

for which he/she has not yet received treatment.

**VISUALLY OR HEARING IMPAIRED:** A handicapping condition of the principal caretaker(s) related to a visual impairment or permanent or fluctuating hearing or speech impairment that may significantly affect functioning or development.

**VOLUNTARY PLACEMENT AGREEMENT:** An official voluntary placement agreement has been executed between the caretaker and the agency. The placement remains voluntary even if a subsequent court order is issued to continue the child in foster care.

**WALK-IN (REPORT TYPE):** A report/referral received in writing.

**WHITE:** A person of European, North African, or Middle Eastern Origin.

**WORK DUE:** The month, day, and year that the selected work is due.

**YEAR OF BIRTH:** Year that a person was born.